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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/832,258
Filing Date	JANUARY 19, 1999
First Named Inventor	Robert L. Jones
Art Unit	
Examiner Name	
Attorney Docket Number	1002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with
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Firm or
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Robert L. Jones

Name

ROBERT L. JONES

Date

Telephone

504-237-8158

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	09/232,258
Filing Date	JANUARY 19, 1999
First Named Inventor	ROBERT J. REED
Title	REACHE CENTER/FAX TALKER
Art Unit	
Examiner Name	JAN 12 2006
Attorney Docket Number	1008

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Leslie A. Thompson	54584

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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<input checked="" type="checkbox"/>	Firm or Individual Name	Leslie A. Thompson	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/US/86)

SIGNATURE of Applicant or Assignee of Record

Signature	Robert L. Jones	Date	1/12/06
Name	ROBERT L. JONES	Telephone	504-237-8155
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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